

Resource: The National Child Traumatic Stress Network. (2008). Child welfare work & secondary traumatic stress. *Child welfare trauma training toolkit, module 6: Managing professional & personal stress - Activity 6C: Supplemental handout*. Retrieved from http://www.nctsn.org/nctsn_assets/pdfs/CWT3_SHO_STS.pdf

WHAT IS THIS RESOURCE?

This handout presents an overview of the literature on **Secondary Traumatic Stress (STS)** in the child welfare workforce, identifying common **sources and symptoms** of STS and **suggestions for workers and agencies to help prevent and address it**.

WHAT ARE ITS CRITICAL FINDINGS?

- **Secondary Traumatic Stress (STS)** occurs when an employee works directly with traumatized children and families and experiences **indirect exposure to the trauma**. STS (also referred to as “compassion fatigue,” “vicarious trauma,” or “indirect trauma”) can result from **one case** involving trauma, or from the cumulative effect of **many traumatic cases** over time. Those who work with children’s trauma cases are most at risk for developing STS. Workers may also **experience traumatic events firsthand**, including verbal or physical assault, violent family members, accidents, or community violence.

Sources of Secondary Trauma	Symptoms of Secondary Traumatic Stress	
Death of a child/family member on active caseload	Fatigue/Health Problems	Re-experiencing the Event
Investigating a challenging abuse/neglect report	Anger/Sadness	Sleeping/Eating Disturbances
Repeated exposure to detailed, emotional accounts of trauma	Reduced Productivity/ Absenteeism	Feeling Unsafe/ Heightened Vigilance
Viewing photographs of horrific injuries/abuse	Hopelessness/ Despair	Anxiety/Nightmares/ Irritability
Working with families where abuse/neglect is occurring	Increased Cynicism	Mistrust of Beliefs (e.g., religion, God, family, life, etc.)
Supporting a grieving family after child abuse related death	Substance Abuse	Social Withdrawal/Avoidance of Activities

- **Professional isolation** can intensify STS, as well as **high caseloads, history of personal trauma, poor supervision, and lack of personal and/or professional support systems**. The majority of workers recover **if they are in supportive environments that are open to discussing and addressing trauma**.
- **Unresolved trauma reactions can hurt workers’ physical and mental health**. This impacts turnover, morale, and general agency functioning, which in turn affects an agency’s ability to help children and families achieve positive outcomes.

WHAT ARE THE IMPLICATIONS FOR OUR WORK?

- Workers can help prevent STS by **practicing self-care and stress management** (e.g., sleeping/eating well, exercising, spending time with family and friends, taking time off, etc). They should also **use supervision and coworker support**, and take steps to **address their own trauma histories**.
- Supervisors can help workers **establish boundaries** between themselves and clients, give them a **chance to talk about how they’ve been affected by trauma**, and help them recognize the need to find balance in their work and personal lives.
- Agency leaders can be **champions of resilience and hope**, create a **trauma support position** to coordinate trauma education and services for staff, and ensure an effective **Employee Assistance Program, balanced caseloads, adequate training and supervision, and policies consistent with current risk-prevention knowledge**. Leadership can develop a supportive organizational culture to encourage the **acknowledgement and open discussion of trauma** in child welfare work.